COUNTY OF LAKE
CLERK OF THE BOARD
Courthouse - 255 North Forbes Street
Lakeport, California 95453
TELEPHONE (707) 263-2368
FAX (707) 263-2207

HEARING DATE CONFIRMATION NOTICE
THIS PORTION MUST BE RETURNED

Application No(s): **26-2025 Through To 34-2025**
Assessee/Owner:**Desafinado LLC**

Hearing Date:**November 3, 2026 @ 10:00A.M.**
APN(s):**011-005-020-000, 011-004-260-000 011-003-360-000, 011-590-000, 011-004-580-000, 012-066-730-000, 010-007-620-000, 010-007-630-000, 010-007-610-000**

YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST 21 DAYS PRIOR TO THE HEARING DATE

- o Yes, I (or my agent) will be present for my scheduled hearing.
- o I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- X Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.

Signature: Owner/Agent	10/15/2026 Date	[redacted] Daytime Phone Number

IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.
(PLEASE RETURN WHOLE PAGE)

LAKE COUNTY
LOCAL BOARD OF EQUALIZATION
EXTENSION FOR TIME OF HEARING

Application No(s):**26-2025 Through To 34-2025**
Assessee/Owner: **Desafinado LLC**
Hearing Date:**November 3, 2026 @ 10:00 A.M.**
APN(s):**011-005-020-000, 011-004-260-000, 011-003-360-000, 011-590-000, 011-004-580-000, 012-066-730-000, 010-007-620-000, 010-007-630-000, 010-007-610-000**

I, _____ hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

Date signed	Print Name of Applicant or Agent
Company/Firm Name (Agent's)	Signature of Applicant/Agent
Mailing Address	City, State, ZIP
Daytime Phone Number	Alternate Telephone Number

Please return this form to: **LAKE COUNTY CLERK OF THE BOARD, 255 NORTH FORBES STREET LAKEPORT, CA 95453** *OR* **Via Email to ClerkoftheBoard@lakecountyca.gov**

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT					HEARING DATE *if applicable*
Desafinado, LLC					November 3, 2026
MAILING ADDRESS OF APPLICANT *(STREET ADDRESS OR P. O. BOX)*				EMAIL ADDRESS	
P.O. Box 14146					
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
Santa Rosa	CA	95402	(707) 888-9976	(707) 588-8811	( )

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
26-2025	011-005-020-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
27-2025	011-004-260-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
28-2025	011-004-360-000

☐ ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE	DATE
▶	10-15-26
PRINT NAME OF AUTHORIZED SIGNER	TITLE
Dona Frank	Managing Owner
COMPANY NAME	EMAIL ADDRESS
Desafinado LLC	matadora420@gmail.com

FILING STATUS

☑ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED

☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

☐ The withdrawal request is accepted and will conclude any further action on the appeal.

☐ The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.

☐ The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____ _____

CHAIRPERSON CLERK OF THE BOARD

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29-2025	011-004-590-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
30-2025	011-004-580-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

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APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
31-2025	012-066-730-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
32-2025	010-007-620-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
33-2025	010-007-630-000

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34-2025	010-007-610-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

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